



**Treasury Department
Collateral Pool**

Monthly Depository Report

For the Month Ended _____, 20 _____

Due date: No later than the fifteenth (15th) day of the following month

Schedule A - General Information

(1) Date Submitted: _____ (2) Amended Report: Yes _____ No _____

(3) State Bank Number: _____ (4) FDIC Certificate #: _____

(5) Legal Name of Depository: _____

(6) Address: _____

(7) Please indicate whether any senior management changes have occurred: Yes _____ No _____

If yes, please describe: _____
(attach additional
pages if needed) _____

(8) Number of public depositors at the end of the reporting period. Please list by account type.

Interest Bearing: _____ Non-Interest Bearing: _____

Schedule B - Public Deposits Held

Average daily balance of public deposits held for prior month (in thousands):

Month _____ Year _____	(1) Average Daily Balance	(2) Less Deposit Insurance	(3) Insurance Adjusted Average Daily Balance
Demand Deposits	(1)a. \$ _____	- (2)a \$ _____	= (3)a \$ _____
Time & Savings Deposits	(1)b. \$ _____	- (2)b \$ _____	= (3)b \$ _____
		(4) Total Deposits Held	= \$ _____

Please refer to the instruction sheet prepared for Schedule B - Public Deposits Held

(5) Average monthly balance of public deposits for 12 previous calendar months (in thousands):

MONTH/YEAR	AMOUNT
(A) _____ <i>(As listed above)</i>	_____ <i>[As shown from line (4) of Schedule B]</i>
(B) _____	_____
(C) _____	_____
(D) _____	_____
(E) _____	_____
(F) _____	_____
(G) _____	_____
(H) _____	_____
(I) _____	_____
(J) _____	_____
(K) _____	_____
(L) _____	_____
(6) Total	\$ _____

(7) Calculate Average Monthly Balance by dividing line (6) by 12.

Average Monthly Balance = \$ _____

(8) Did your institution accept any deposits during the reporting month that caused your total public deposits to exceed your collateral target for that month by 25%? Yes _____ No _____

Date collateral target was exceeded: _____

Describe the action taken and give the date the action was taken: _____

Schedule C - Calculation of Required Collateral

(1) From Schedule B, enter the amount from line (4) here: _____

From Schedule B, enter the amount from line (7) here: _____

Enter the higher amount of line (4) or (7) in line (2) below. Then, determine the amount of required collateral by multiplying line (4) or line (7) from Schedule B, whichever is greater, by your collateral pledge level:

(2) \$ _____ X (3) _____ = (4) \$ _____
(use your designated pledge level) *(required collateral target)*

(5) The total of line (4) is your required collateral target.

Please refer to the instruction sheets prepared for these schedules.
TR-0340

RDA-Pending

Schedule D - Collateral Pledged

- (1) The total par value of collateral securities pledged at month end is: \$ _____
- (2) The total market value of collateral securities pledged at month end is: \$ _____

Certification

“I hereby certify that I have read the foregoing facts and the attachments provided and certify that they are true.”

Authorized Official

Person Completing Report

Signature: _____

Signature: _____

Name: _____

Name: _____

Title: _____

Title: _____

Date: _____

Date: _____

Phone #: _____

Sworn and subscribed before me:

Notary Seal

Notary Public

My Commission Expires

Please compare the total of line (4), Schedule C, with the total of line (2), Schedule D. The difference in these totals is the amount of your monthly collateral target adjustment.

STATE OF TENNESSEE COLLATERAL POOL

INSTRUCTIONS FOR COMPLETING THE MONTHLY DEPOSITORY REPORT

Please use the following instructions when completing the monthly report form to insure that the correct information is being supplied. Questions concerning this report form should be directed to the Collateral Pool staff at (615) 532-1168.

DUE DATE: NO LATER THAN THE FIFTEENTH (15TH) DAY OF THE MONTH FOLLOWING THE MONTH BEING REPORTED

Please note that the monthly report **MUST** be completed correctly before it can be processed. Incomplete monthly reports will not be processed until properly completed. Thank you for your cooperation.

SCHEDULE A - GENERAL INFORMATION

1. **DATE SUBMITTED** is the date you return your monthly report form.
2. **AMENDED REPORT** should only be marked as "yes" if you are submitting an amended report to replace one previously submitted. Otherwise, please mark "no".
3. **STATE BANK #** is your three digit state depository number. If you are not a depository, signify with an N/A in this space.
4. **FDIC CERTIFICATE #** is the Federal Deposit Insurance Corporation's certificate number assigned to your institution.
5. **LEGAL NAME OF DEPOSITORY** is the full legal name which your institution is chartered under.
6. **ADDRESS** is your primary business address.
7. **SENIOR MANAGEMENT CHANGES** should be noted as a "yes" or "no". If "yes", please supply a complete description of the changes. This senior management relates to the data submitted with the institution's pool application. Insert additional pages if needed.
8. **NUMBER OF PUBLIC DEPOSITORS** should be given in the spaces provided. Please give the total number of public depositors with interest bearing accounts and non-interest bearing accounts (listed separately).

SCHEDULE B - PUBLIC DEPOSITS HELD

To complete Schedule B to report public deposits held, please follow these instructions:

To calculate the total average daily balance of public deposits held by your institution, use the following steps:

1. Insert the month and year reported in the blank indicated on Schedule B.

2. To calculate average daily balance, do the following steps:

a. Average Daily Demand Deposit Balance

Determine the total dollars by account of all public funds held on a daily basis in demand deposit accounts during the calendar month reported divided by the number of calendar days in the month. Record this amount (in thousands) on line 1a.

b. Average Daily Time and Savings Deposit Balance

Determine the total dollars by account of all public funds held on a daily basis in time and savings deposit accounts during the calendar month reported divided by the number of calendar days in the month; OR the higher of (1) the actual amount of public funds in time deposit accounts on the last day of the calendar month being reported; or (2) the sum of the amount of public funds in time deposit accounts on the last day of the two calendar months immediately preceding the current month divided by two. Record this amount (in thousands) on line 1b.

3. Determine the amount of applicable Federal Deposit Insurance for these deposits using the guidelines established by the FDIC. List these totals in the appropriate space in column 2.

4. Subtract the **Deposit Insurance** amount in column 2 from the **Average Daily Balance** in column 1 in each category to obtain the insurance adjusted Average Daily Balance. List the total for each category under the Adjusted Totals in column 3.

5. Add the **Adjusted Totals** for demand deposits and time and savings deposits in column 3 to determine the Total Average Daily Balance of public deposits held for the month reported.

6. To calculate the **Average Monthly Balance** of public deposits held by your institution, use the following steps:

Insert the amount from Schedule B, line 4, on line 5a.

a. Beginning with the current month being reported, list the month and year for each of the previous 11 months in the appropriate spaces in the month/year column (lines a-l).

b. List the Total Average Daily Balance of public deposits held by the institution for each month reported in the amount column. Total Average Daily Balance of public deposits held should include **ALL** demand, time, and savings accounts held for public depositors for that month, less the applicable federal deposit insurance. To determine these amounts, repeat steps 1-4 for each of the previous months and insert in the spaces provided in #5 b-l.

7. After listing each of the amounts in step #5, add the amount column for lines a-l to determine the total of all Average Daily Balances of public deposits held for the 12-month period listed.

8. Divide the total of the monthly averages as determined in step #6 by 12 to calculate average monthly balance of public deposits held. Insert this calculated average monthly balance of public deposits held on line 7 (rounded to the nearest thousand).

9. If your institution received public funds which caused the total amount of public funds held to exceed your collateral target amount for that month by 25%, please answer “yes” to the question and give a brief explanation of what action was taken to resolve this situation. Provide the date that you pledged additional collateral. If this did not occur during the month, please answer “no” and proceed.

SCHEDULE C - CALCULATION OF REQUIRED COLLATERAL

To calculate the amount of collateral required to maintain full collateralization of public deposits, complete the following steps:

1. From Schedule B, list the totals from line 4 and line 7 in the spaces provided. Determine which of these two totals is the largest and insert the larger amount on line 2 of Schedule C.
2. On line 3 of Schedule C, give the designated collateral percentage assigned to your institution. Then, multiply the amount on line 2 by the percentage of line 3 to calculate the amount of collateral needed to collateralize public deposits held. List the result of this calculation on line 4 of Schedule C. (**Note:** Your institution will be notified periodically of the collateral pledge level to use.)
3. The total listed on line 4 of Schedule C is your monthly required target level.

SCHEDULE D - COLLATERAL PLEDGED

On line 1, in the space provided, please provide the **TOTAL PAR VALUE** of all the securities you have pledged to the State of Tennessee Collateral Pool as of the end of the month being reported.

On line 2, in the space provided, please list the **TOTAL MARKET VALUE** of all the securities you have pledged as of the end of the month being reported.

Compare the total market value on line 2 of Schedule D to the total public deposits listed on line 4 of Schedule B to determine if any additional collateral needs to be pledged. If line 4 of Schedule B is greater than line 2 of Schedule C , you must pledge additional collateral equal to the amount of the difference.

CERTIFICATION SECTION

Pursuant to Rule 1700-4-1-.07(1)B of the Collateral Pool, the monthly report **MUST** be executed by both the president (or duly authorized officer) and the person preparing the report. The original signature, a printed or typed name, official title, and the date executed should be completed as required. The executed document should then be notarized with the Notary seal affixed to the report. A monthly report form will not be considered complete until this section of the report has been properly completed.